

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 0969254	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2	X						52		/				
3		/					53	/					
4		/					54		/				
5		/					55	X					
6		/					56		/				
7		/					57		/				
8	/						58		/				
9		/					59		/				
10		/					60		/				
11		/					61	X					
12		/					62		/				
13		/					63	X					
14	/						64	/	X				
15		/					65	X					
16	X						66		/				
17		/					67		/				
18		/					68		/				
19		/					69		/				
20		/					70		/				
21		①					71	/					
22	X						72	X					
23		/					73		/				
24	X						74		/				
25	X						75		/				
26	X						76		/				
27		①					77	X					
28		①					78		/				
29		①					79		/				
30		/					80		/				
31	/						81	/					
32	X						82		/				
33		/					83		/				
34		/					84		/				
35		/					85		/				
36		/					86		/				
37		/					87		/				
38		/					88		/				
39	/						89						
40	X						90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45	X						95						
46	/						96						
47	X						97						
48	X	/					98						
49		/					99						
50		/					100						
TOTAL IND.	10						TOTAL IND.						
TOTAL DEP.	62						TOTAL DEP.						
TOTAL CLAIMS	72						TOTAL CLAIMS						